

Patent Application No.: 09/802,911  
Attorney Docket No.: 58207.000004

1631  
\$

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Eric B. ALLEN, et al.

Serial No.: 09/802,911

Filed: March 12, 2001

Art Unit: 1631

Examiner: Marjorie A. Moran

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TECH CENTER 1600/2900

For: SYSTEM AND METHOD FOR SIMULATING CELLULAR BIOCHEMICAL  
PATHWAYS

**TRANSMITTAL LETTER**

Under Secretary of Commerce for Intellectual Property  
and Director of the United States Patent and Trademark Office  
Washington, D.C. 20231

Sir:

The following are enclosed for consideration in the above-identified application:

	FEE
<input type="checkbox"/> Response to Notice to File Missing Parts	\$
<input checked="" type="checkbox"/> Response to Office Action Restriction Requirement of August 16, 2002	\$
<input type="checkbox"/> Declaration: <input type="checkbox"/> Original; <input type="checkbox"/> Supplemental	\$
<input type="checkbox"/> Submission of Formal Drawings	\$
<input type="checkbox"/> Informal Drawings: ____ Sheets ____ Figures	\$
<input type="checkbox"/> Supplemental Information Disclosure Statement, Form PTO SB/08A, copy of International Search Report, and three (3) references	\$
<input type="checkbox"/> Amendment: <input type="checkbox"/> Preliminary; <input type="checkbox"/> § 116; <input type="checkbox"/> § 312; <input type="checkbox"/> Other	\$
<input checked="" type="checkbox"/> Request for Extension of Time <input type="checkbox"/> 3 month(s)	\$920.00
<input type="checkbox"/> Issue Fee: <input type="checkbox"/> Part B - Issue Fee Transmittal <input type="checkbox"/> Part C - Charge to Deposit Account	\$
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Appeal Brief	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Reply Brief	\$
<input type="checkbox"/> Terminal Disclaimer	\$
<input type="checkbox"/> An additional claim fee is required, and is calculated as shown below	\$
<b>TOTAL FEES BEING SUBMITTED</b>	<b>\$920.00</b>

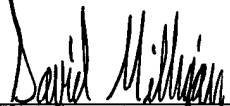
	Claims Remaining	Claims Paid For	Extra	Rate	Fee
Total Claims			0	x \$18.00	\$
Independent Claims			0	x \$80.00	\$
Multiple Dependent Claims (if applicable)				\$	\$
<b>TOTAL EXCESS CLAIMS FEE</b>					\$
<b>SMALL ENTITY TOTAL (if applicable)</b>					\$ .00

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and § 1.17 associated with this communication or credit any overpayment to the deposit account of Hunton & Williams, Deposit Account Number 50-0206.

Respectfully submitted,  
HUNTON & WILLIAMS

Date: December 16, 2002

By:

  
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